

Meeting Title	Board of Directors Open Meeting		
Date	10 November 2022	Agenda item	B0.11.22.5

Action Bo.9.22.5 Matters Arising – Waiting List Analysis:

SA confirmed that activities are underway on a daily basis to address the health inequalities agenda. MM asked if SA could share some examples of key interventions that are being taken in relation to this with Board members.

Response:

There is a lot of work underway within the Trust and across Place. A few specific examples of the types of activity underway would include:

- Strengthened process to identify and record on EPR, patients with a Learning Disability both at outpatients and at point of placing an order on the surgical waiting list. Board of Directors approval in place to allow patients with a Learning Disability to be expedited to the top of the waiting list within their clinical priority status.
- Waiting list analysis focussed on Core 20 cohort of patients identifying variation between core 20 and non-core 20 group, highlights shared through the Act as One Access to Care Programme Board. Theatre lists allocated to specialities based on clinical priority status and total volume of backlog allowing a targeted reduction in the number of long waiting patients. The Trust no longer has any patient waiting in excess of 104 weeks for treatment and we are progressing with plans to reduce this down to no patients waiting beyond 78 weeks by the end of March 2023.
- Wellbeing Hubs run by the VCS providing a range of non-clinical provision such as mental wellbeing, welfare benefits (including housing, debt, food and fuel poverty), domestic abuse support, carers support, refugee and asylum seeker support, substance misuse have been located in areas of higher deprivation and greater inequalities. Data on the usage of Urgent Care provision (including ED and 999) was used to support where the hubs are located.
- Paediatric specific project *which seeks to improve access to paediatric care with the focus on the first outpatient attendance step of the elective pathway*. Specific work underway using the Health Inequalities Prevention Pathway identifying within our communities those with the highest % First outpatient DNA rates. The aim is to identify the reasons for the higher DNA rates and to drill into this further with our teams, and then widen this out to meet with community groups to gather soft intelligence on the reasons for non-attendance. Intention is to introduce a range of improvements that can be replicated across other specialities to reduce DNAs.
- Digital: As a key member of the Place Based Partnership, moving forward with the delivery of the Virtual Royal Infirmary we are working with peers to address the challenges of digital inclusion defined in three parts:
 - Access to a device as and when required
 - Access to an affordable and adequate digital connection
 - Having the basic digital skills to use these technologies